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Bib Data Sheet

CONFIRMATION NO. 8627

<b>SERIAL NUMBER</b> 10/600,132	<b>FILING OR 371(c) DATE</b> 06/19/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1621	<b>ATTORNEY DOCKET NO.</b> 24852-501 CIP
<b>APPLICANTS</b> Thomas A. Miller, New York, NY; Victoria M. Richon, Rye, NY; Judy H. Chiao, Berkeley Heights, NJ;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/379,149 03/04/2003 ABN which claims benefit of 60/361,759 03/04/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/03/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 137
				<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 35437				
<b>TITLE</b> POLYMORPHS OF SUBEROYLANILIDE HYDROXAMIC ACID				
<b>FILING FEE RECEIVED</b> 2819	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	